

(1)

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	2					
5						
6	1	1				
7		1				
8		1				
9						
10						
11		1				
12		1				
13	1					
14		1				
15	1					
16	1					
17	1					
18	1					
19	2					
20	2					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1	1				
32		1				
33	1					
34	1					
35	1					
36	1					
37	1					
38	1	1				
39	10					
40	1					
41	1					
42	1					
43	1					
44	1	1				
45	2	1				
46	1					
47	3					
48	3					
49	3					
50	2					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55	3	2				
56	3	3				
57	2	2				
58	3	3				
59		1				
60		1				
61		1				
62		1				
63	3	3				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72	10					
73	3	3				
74	3					
75	1					
76	1					
77	2					
78	3					
79	1					
80	1					
81	1					
82	3					
83	3					
84	3					
85	3					
86	3					
87	3					
88	3					
89	3					
90	3					
91	3					
92	1					
93	1					
94	1					
95		1				
96		1				
97		1				
98		1				
99		1				
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						